

CORRESPONDENCE

twice a day. At each visit, the wound should be soaked in warm, soapy water before a clean dressing and some agent such as silver sulfadiazine (Silvadene) is applied. If any sign of cellulitis or gross infection appears, the patient should immediately be referred for definitive care.

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REFERENCE

1. Kahn, MA, McCrady-Kahn VL: Molten metal burns (Information). *West J Med* 135:78-80, Jul 1981

The Halsted Mastectomy

TO THE EDITOR: I am disturbed by the article "The Halsted Mastectomy: Present Illness and Past History."¹ The aggressive feminist "macha" can of course write as she wishes—it is easy to brush aside the milieu of a century ago and to select those statements or opinions that best fit one's current literary endeavor. Rational thinking can be replaced by cuteness. Halsted was a leader of his time, and were he here today he would indeed be a leader. It is most unlikely that he would advocate the same surgery now as then. Rather, he would be thrilled and challenged by the new opportunities of the past two generations.

The only real complaint about the article is the wisdom of the editor in accepting it for publication.

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REFERENCE

1. Bland CS: The Halsted mastectomy: Present illness and past history (Special Article). *West J Med* 134:549-555, Jun 1981

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TO THE EDITOR: The article "The Halsted Mastectomy: Present Illness and Past History" by Cordelia Shaw Bland was most entertaining. Although it is true that indications for a classical radical (Halsted) mastectomy are few at present, we take exception to most of her conclusions.

First, radical mastectomy was designed to remove the breast in continuity with its lymphatic drainage (including the transpectoralis lymphatic route), a principle of surgical oncology that had yielded higher cure rates in other organs, and not merely to separate surgeons from general practitioners as suggested by the author. It was accepted not because of economic or nationalistic reasons but because of the markedly lower incidence of local recurrence following this operation (Table 1).¹ While it is true that there is no correlation between survival and local recurrence, and in fact locally recurrent tumor is rarely the im-

TABLE 1.—Local Recurrence After Halsted's Radical Mastectomy Versus Recurrence After Lesser Procedures by Well-Known Surgeons of Late 19th Century*

Operator	Time	No. of Cases	Local Recurrence (percent)
Bergmann	1882-1887	114	51-60
Billroth	1867-1876	170	82
Czerny	1877-1886	102	62
Fischer	1871-1878	147	75
Gussenbauer	1878-1886	151	64
Konig	1875-1885	152	58-62
Kuster	1871-1885	228	59.6
Lucke	1881-1890	110	66
Volkman	1874-1878	131	60
Halsted	1889-1894	50	6

*Adapted from Degenshein.¹

mediate cause of death among patients with breast cancer, this problem should not be underestimated. Ulcerated malodorous lesions of the chest wall are certainly a source of great distress to any patient with cancer and prevention of local recurrence is definitely one of the main goals of any treatment modality. When radical mastectomy was introduced, the average patient presented with advanced local disease and relatively extensive procedures were needed to achieve local control of the lesion. Fortunately this is no longer the case.

Second, it is not true that radical mastectomy (or modified radical mastectomy) "rules out plastic surgery for a reconstructed breast," as a number of reconstruction modalities with good cosmetic results are available after these operations.^{2,3}

Third, studies of the natural history of the disease suggest that carcinoma of the breast probably encompasses a heterogeneous group of diseases with variable time courses, but not necessarily that carcinoma of the breast is systemic in all patients from the beginning.⁴ If the latter were true, and if local control were not important, then all screening programs for early detection would be a waste of time since early diagnosis and treatment would not influence the prognosis. This, of course, is not the case and even those who believe breast cancer is a systemic disease from the start advocate early treatment for patients with minimal breast lesions (positive mammograms, with negative physical examination of the breast and nodes).

Fourth, it is inaccurate to state that "limited excision (lumpectomy) followed by primary high-dosage irradiation is now considered the major alternative to radical mastectomy." Preliminary data suggest that segmental mastectomy plus